

## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Jack Q	uinn 		
II. Name of lobbyist's partnership N/A	, firm or corporation, if any:		
(Name of partnershi	p, firm or corporation)		
18 Century Drive	Malta	NY .	12020
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(518) 338-4083	( )	e-mail	@Sanofi.com
(Telephone)	(Fax)		
III. This statement covers: (Choos reportable expense transactions w	hich are not attributable to any -	one client).	
All reportable transactions occur  Sanofi US	ring in the months prior to the rep	porting date relative to the f	ollowing client:
	f Client as it appears on the Lobbyist	Registration Form)	
OR	1-11-3-47-1-1-42	- Carried Little C	
	lobbyist (including the lobbyist's	s family), or the lobbying fi	rm listed below which are
IV. Date of Report April 25, 20 Reports cover: activity from date of		July 25, 2018	
October 31	-	January 30, 2019	
activity from 7/		ivity from 10/1/18 to 12/31/18	
V. There have been no fees recolf this box is checked, complete just a Concord, NH 03301.			
VI. Check if additional reports are	e attached:		
<b>–</b>	de expenditures, you must file Ad	dendum A- Fees and Expe	enses
	or reimbursed expenses, you mus	t file <b>Addendum B</b> – Repor	t of Honorariums or
Expense Reimbursement	has made political contributions.	you must file Addendum	C- Political Contribution
ir you, your inin, or your failing	has made pointed controductions	, you must me Addendum	C- Tollical Contribution
Sworn Statement/Affirmation by I			
I have read RSA 15, RSA 15-B, RSA and complete to the best of my know		swear or affirm that the fore	egoing information is true
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(Signature of lobbyist)		(Date)	· ·
Jack Quinn			DEACH #
(Print Name of lobbyist)			RECEIV
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JAN 17 2019